

in Central New York. I do not think, however, that it is more frequent here than in Baltimore where I saw a great many cases, especially among the colored people. I suppose that is due to the fact that such a large proportion of them have had syphilis at one time or another, perhaps also because Baltimore is a seaport and so many sailors have the same disease.

Dr. Lehmann explained the features of the demonstrated diapositives which both show the aneurysm of the ascending aorta very much smaller than it really is; in both cases it extends more in frontal direction than in sagittal, as shown by the screen examination which was made in all directions. Illuminating the chest not only in dorso-ventral and ventro-dorsal direction, but from one side to the other. The pressure upon the vena cava in the first case is demonstrated by the marked shadow, which is denser and larger than usually found.

Dr. Schmoll, closing discussion on his case: The frequency of aneurysm in this country is certainly very much greater than the occurrence in Europe. I have seen in this short time that I am in America, more cases than I have seen in Europe. I think there is no great difference between the occurrence of aneurysm here and Baltimore and I think in both cities the frequency of the occurrence is about the same. Regarding the treatment of these cases I usually give potassium iodid in considerable doses and gelatine in injections as advocated by Lancereaux in Paris, who had the kindness to show me about 10 to 15 cases treated by this method. I was very much impressed by the clotting which occurred in aneurysm which had perforated the chest wall. The danger of gelatine treatment is that tetanus occurs quite frequently if the gelatine is not properly sterilized. I believe that Merk puts a gelatine on the market which is absolutely sterile and can be injected without trouble. I saw 2 or 3 cases of disappearance of pulsation on the chest wall and an aneurysm which had been rapidly increased before, became stationary while the pain disappeared entirely. For the pain in aneurysm I often advocate veni section which often lessens the pain to quite a considerable degree. It often helps one to hold back with morphine.

PUBLICATION.

The Principles and Practice of Medicine.—By WILLIAM OSLER, M. D. Designed for the use of practitioners and students of medicine. D. Appleton & Co., New York.

It is a pleasure to read for review a book which one can cordially recommend. Such a work is the new edition of Osler's Practice of Medicine. It is written in short terse sentences and contains in a comparatively small bulk a wealth of historical, pathological, and clinical detail. Further, when descriptions of rare conditions are necessarily brief, the most valuable reference is repeatedly given. It has been brought well up to date and contains an account of Para-typhoid fever and the newer tropical diseases. Splenic enlargement is dealt with from the most recent standpoint. Chronic polycythemia with cyanosis and enlarged spleen is separately described, and looked upon as a clinical entity. Joint diseases are satisfactorily classified as far as our present knowledge will allow. Gaskell's Engelman's, Mackenzie's and Wencheloch's studies have been incorporated under Cardiac Arrhythmia, and this and allied subjects made very interesting. In the section on nervous diseases Sherrington's and Grienbaum's work on the higher apes is figured in the representation of the cortical localization, and the schematic diagrams of the segmental skin fields impress one with their accuracy. The sections devoted to treatment are extremely brief and perhaps reflect the therapeutic pessimism of the distinguished author.

COMMUNICATIONS.

Extravagant Claims for Hyoscine in the Treatment of Drug Addictions.

To the Editor of the STATE JOURNAL: Quite a number of articles have appeared in medical literature during the last few years advocating the use of hyoscine in the treatment of the morphine and other drug addictions. Some of these have advised its use in such large and frequently repeated doses as to make one familiar with the effects of this drug shudder to think of the distressing condition the patient must be brought into by such excessive use of so powerful an agent.

Some of these writers have made the most extravagant claims for this remedy, some claiming it to be an antidote for morphine, others that its use in combination with morphine prevents the formation of an addiction, others that it is a specific cure for the morphine addiction, and that by its use the worst cases may be cured within a few days' time.

An article appeared in the July number of your JOURNAL by Dr. Bering, of Tulare, that may be cited as an example. He gives the clinical notes of four cases, the third and fourth of which are as follows:

Case 3. Morphine habitue, using 20 gr. morphine and 20 gr. cocaine daily for a period of years, was given 65 one-hundredth grain doses of hyoscine during a period of two and a half days. He was discharged cured, having no desire for either drug. Pulse remained good during treatment.

Case 4. Patient using a large quantity of morphine and cocaine daily, was treated for three days and discharged cured.

When one reads such statements as these in first-class medical journals it makes him wonder whether the days of the miraculous cure of disease have really returned. In the writer's experience the cure of the morphine addiction in a few days' time is like "Learning German in ten lessons." Patients who are given such a course of treatment and discharged cured at the end of a few days' time find that they have about as much to contend with after their cure as before it, just as the would-be German scholar finds that after his ten lessons he has very much more to learn than he thought he had at the beginning. It is evident that the word "cure," as used by some of these gentlemen, does not mean what it is ordinarily understood to mean. There is much more involved in the cure of a case of morphinism than can be done in a few days' time with any course of treatment, however perfect it may be. In addition to the drug intoxication from which the patient is suffering, the system is surcharged with poisons, both of excrementitious and autotoxic origin. The functional activity of all the excretory, secretory and digestive organs are impaired. The blood changes are marked, the red corpuscles greatly diminished, the white correspondingly increased, patient profoundly anemic, muscles flabby and relaxed, nervous system deranged to a marked degree, mental activity impaired. In fact, the patient is greatly below par in every respect.

We are free to confess that we are old-fashioned enough to believe that in the treatment of this or any other disease it is still necessary to conform to well-established physiological laws, rather than depend upon some miraculous agency to transform our patient from disease to health; therefore, we do not believe that these markedly deranged conditions can be corrected in a few days' time to such a degree as to justify the patient's being discharged as cured.

The administration of sixty-five 1-100 gr. doses of hyoscine in two and one-half days—a little over 1-100 gr. every hour—is excessive medication, and would be dangerous in many cases. I do not wish to be understood as condemning the use of hyoscine in the treatment of these addictions, because it is a remedy of great value, but it has its limitations as well as its uses. It does not cure the morphine addiction, as is

claimed by some who advocate its use with the rashness of a new convert, but it does fill one of the most important indications in the treatment of such cases. When properly used, after the patient is prepared for it, it serves to carry him in comfort over a period during which he would otherwise suffer intensely. If the withdrawal of the opiate was all that is involved in the cure of these addictions, hyoscine might be regarded as a cure for them, but that is not all. The physician deceives himself if he thinks that merely because the opiate has been withdrawn by the aid of hyoscine and the patient has reached a stage where the administration of either drug is not longer imperative, that he is cured. He is still very weak, anemic and nervous, his system is still in a toxic condition, less so than at the beginning, but still sufficiently so to cause an elevation of temperature of from one to three degrees, attended by aching of the limbs and back, exaggerated nervous reflexes and various other unpleasant symptoms, and, unless he has had something more than hyoscine given him to cure his addiction, he will soon have a diarrhea that will tax his endurance to the limit if it does not force a return to the use of the opiate.

There are several institutions in this country that depend upon hyoscine to cure their patients. These make the most wonderful claims for hyoscine, or rather for their particular combination, which, in fact, is nothing more nor less than hyoscine. They regard the withdrawal of the opiate as all that is involved in the treatment of these addictions, and insist upon discharging their patients within eight days from the beginning of treatment. In almost every instance such a patient finds that he has so many complications to contend with and is so poorly prepared to make such a fight that he soon gives up in despair and returns to the use of the opiate. Many cases have come under my care with such a history.

In the very best hands all that can be done for a patient of this class during the first week of treatment is to clear the system of retained excrement and thus remove the source of auto-intoxication, partially cleanse the system of ptomaines and other poisons of auto-origin, withdraw the opiate and bring the patient to a condition where its use is no longer a necessity, but when this is done the patient is not cured; he has only reached a point where convalescence may set in. Such a patient needs medical supervision, discipline and moral support as badly during the period of convalescence as he needed active treatment before that stage was reached. Fortunately, such patients convalesce rapidly, they eat heartily, digest and assimilate a large quantity of food and take on flesh rapidly. If a wise supervision is exercised over them and they are required to carry out a physiological course of physical training, so as to develop all the newly acquired flesh into stout muscular fibre and tone up what they already have, in many instances convalescence may be advanced to a wonderful degree within the first thirty days. In thirty days more such a patient should be as stout as he ever was. When such a physical condition has been reached, with a corresponding improvement in the mental condition and the patient has been off of his drug and all substitutes for it for a period of thirty to sixty days, he may be discharged as cured; but I do not think the word "cure" should be used to mean less than that.

Some physicians who treat these cases by the reduction method insist upon a period of treatment and personal supervision of from six to twelve months. I think such a protracted course of treatment is as much an extreme in the other direction as the few days' term is with those we have above considered. In the cure of these addictions it is not only necessary to take the patient off of the drug and put him in good physical condition; but, if he is to be permanently cured he must be made independent of all drugs. During such a prolonged course of treatment, super-

vision and at least partial restraint, the patient does not develop independence or self reliance, but continues to depend upon his physician and upon the remedies he is taking. His volition is restricted and his own will is not the controlling force from which his conduct springs. In fact, a protracted course of treatment, supervision and restraint, in patients of this class, who are already abject slaves to a drug, tends to perpetuate a condition of invalidism and dependence from which the patient seems powerless to extricate himself after being discharged.

In my experience, patients of this class who have been taken off of their drug by a proper method and have been developed into good physical condition as rapidly as it may be done, are in safer condition to be thrown on their own resources by the end of six to eight weeks after the drug is withdrawn than they are if kept under treatment and restraint longer. At this period time has not materially obliterated the memory of their former abject slavery; they are supremely happy in the realization of their freedom, in contemplating the desirable things that life may have in store for them since they have another opportunity to enter upon their acquisition. They are full of hope, buoyancy and ambition. The world and all that is in it presents to them a new and bright aspect. At this floodtide of hopefulness, buoyancy and new life they are in better condition to be thrown on their own resources and to establish themselves in a safe relationship to all things that might tempt them, than they are if kept under restrictions until this tide begins to ebb.

To those who are seeking the truth in this matter I would say, do not accept the miraculous claims of the three-day cure men on the one hand, neither swing to the standard of those who insist upon a period of from six to twelve months' treatment and restraint. There is a middle ground, a reasonable position, where the truth may be found. Remember that miracles are not to be expected and that restraint does not develop independence and self reliance, upon which the patient must finally depend, and without which man is mere driftwood.

GEO. E. PETTEY, M. D.

Memphis, Tenn.

Our Position.

We call attention to a letter* from Dr. Simmons, general secretary of the American Medical Association, printed in our correspondence column.

No one who has read the editorial columns of this paper can doubt our attitude on these important questions.

Medical journalism in this country has been and still is tainted with the all-pervading spirit of commercialism, which the enormous increase in wealth and the great strides in the development of our country have engendered. It is a phase of our National development. So far as medical journalism is concerned, its present evil course in the matter of advertisements is largely due to the fact that the pace has been set by privately owned and privately conducted journals, which have been founded and are controlled by the great publishing houses, pri-

*To the Editor, *Journal of Medical Society of New Jersey*:

MY DEAR DOCTOR:—I find that I failed to officially call your attention to a resolution which was unanimously adopted at the last meeting of the House of Delegates of the American Medical Association. The resolution referred to, was introduced by Dr. E. Elliot Harris, of New York City, and is as follows:

"Resolved, That the committees on publication of the journals of medicine, published by the State medical associations affiliated with this body, be asked to assist the Board of Trustees in their efforts to suppress the advertisement of medical nostrums and to co-operate in the work of securing pure food and pure drug laws in the United States."

Respectfully yours,
GEORGE H. SIMMONS,
General Secretary.